REMARKS

The Amendment was prepared in accordance with 37 CFR § 1.121(b) and pursuant to recently enacted changes to implement the Patent Business Goals. Applicants respectfully request that the foregoing amendments to the Specification be made and entered into the record. The amendments were made to correct typographical errors in several of the publication citations. Accordingly, no new matter has been added.

Attached hereto is a marked-up version of the changes made to the Specification by the current amendment. The attached page is captioned "Version with Markings to Show Changes Made."

Respectfully submitted,

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VERSION WITH MARKINGS TO SHOW CHANGES MADE

In the Specification:

In accordance with 37 CFR 1.121(b), the following replacement paragraphs show all the changes made by the foregoing amendment relative to the previous version of the paragraphs.

Paragraph beginning on page 2, line 20, has been amended as follows:

Previous work in the area of erectile dysfunction has focused on processes that result in smooth muscle relaxation. One mechanism which causes erection of the penis involves release of nitric oxide (NO), enabling relaxation of blood vessels in the cavernosal circulation during sexual stimulation. For example, the compound sildenafil (Viagra) is a type 5 phosphodiesterase inhibitor that potentiates the effects of local release of NO, thereby resulting in vascular smooth muscle relaxation. Studies have found sildenafil to have an overall 60% efficacy rate in the promotion of NO-mediated cavernosal vasorelaxation (Virag, R., *Urology* **54**, 1073-77, 1999). Still, in those patients with severe erectile dysfunction (such as that resulting from diabetes or prostate surgery), sildenafil treatment was associated with a modest satisfaction rate (Jarow, I.P. *et al., J. Urology*, **162 [102]**, 722-725, 1999). Moreover, only 30% of patents studied chose sildenafil treatment alone (Virag, R., 1999).

Paragraph beginning on page 19, line 11, has been amended as follows:

In another embodiment, administration of the compound is transurethral. For example, U.S. Patents Nos. 6,093,181 [6,903,181] and 5,242,391 describe an apparatus and methods for treating sexual dysfunction, and specifically priapism and Peyronie's disease, using transurethral administration of a vasoconstrictor or other compound.

Paragraph beginning on page 26, line 20, has been amended as follows:

The *in vivo* effects of Y-27632 on voltage-induced (*i.e.* nitric-oxide-mediated) increases in CCP/MAP are shown in FIG. 3B. Stimulation of the major pelvic ganglion (controlling cavernosal blood flow) resulted in a voltage-dependent increase in CCP/MAP, in accordance with previous

findings (FIG. 3B, solid bars) (Dai, Y., *et al., Am. J. Physiol* Regulatory Integrative Compl. Physiol.., **279,** R25-30, 2000). Administration of 200 nmol/kg Y-27632 into the cavernous sinuses potentiated the CCP/MAP response to ganglionic stimulation at each voltage (Fig. 3B, open bars). Moreover, administration of 200 nmol/kg Y-27632 increased the ganglionic-stimulated rise in CCP/MAP to near maximal levels even at the lowest stimulation voltages (Fig. 3B). Treatment with various doses of Y-27632 (2.0-200 nmol/kg), also potentiated ganglionic-stimulated increases in CCP/MAP at 5 V (21-38% increase in CCP/MAP over the range of Y-27632 tested).

Paragraph beginning on page 27, line 3, has been amended as follows:

The effect of the Rho-kinase inhibitor Y-27632 in the presence of nitric oxide synthase (NOS) inhibitors, N^{ω}-nitro-L-arginine (L-NNA, 200 μg/kg) and N^{ω}-nitro-L-arginine methyl ester (L-NAME, 200 ug/kg) is shown in FIGS. 4 and 5. To examine the effects of Y-27632 on ganglionic stimulated-CCP/MAP in the presence of NOS inhibition, a 5-V stimulus, previously determined to result in a maximal increase in CCP/MAP (Dai, Y., *et al.*, *Am. J. Physiol* Regulatory Integrative Comp Physiol, **279**, R25-30 (2000)) was delivered. After initial measurements of CCP and MAP during ganglionic stimulation, rats were treated with L-NNA, L-NAME (200 μg/kg body weight), or saline control, and after 5 min ganglionic stimulation and CCP/ MAP measurements were repeated. Rats were subsequently administered either Y-27632 (50 nmol/kg) or saline. After 5 min, a 5-V stimulation was repeated, and CCP and MAP measurements were recorded.

Paragraph beginning on page 27, line 27, has been amended as follows:

Rho-kinase inhibition can also overcome muscle contraction due to inhibition of cyclic GMP formation. Inhibition of cyclic GMP formation results in a reduced ganglionic-stimulated rise CCP/MAP (Reilly *et al., J. Andrology* **18**, 588-594 (1997). To examine the effects of Y-27632 on ganglionic stimulated-CCP/MAP in the presence of guanylate cyclase inhibition, a 5-V stimulus, previously determined to result in a maximal increase in CCP/MAP (Dai, Y., *et al.*, *Am. J. Physiol* Regulatory Integrative Comp Physiol, **279**, R25-30 (2000)) was delivered. After initial

measurements of CCP and MAP during ganglionic stimulation, rats were treated with MB or ODQ (300-500 μg/kg), or saline control, and after 5 min ganglionic stimulation and CCP/ MAP measurements were repeated. Rats were subsequently administered either Y-27632 (50 nmol/kg) or saline. After 5 min, a 5-V stimulation was repeated, and CCP and MAP measurements were recorded.

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